



Patent
Attorney's Docket No.: 13913-118001 / 2003P00358 US

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

USER INTERFACE NAVIGATION IN SOFTWARE APPLICATIONS

the specification of which:

☐ is attached hereto.

☒ was filed on September 29, 2003.

☒ under Application No. 10/674,875

☐ with Express Mail No. _____ (Application Number not yet known).

☐ was described and claimed in PCT International Application No. _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT International filing date of this application:

U.S. Serial No.	Filing Date	Status
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I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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I hereby appoint all registered practitioners associated with **Customer Number 32864** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to:

Customer Number 32864

Direct all telephone calls to HANS R. TROESCH, Reg. No. 36,950, at telephone number (650) 839-5070.

☒ For Assigned Inventions: I understand that the purpose of making this appointment is to permit prosecution of patent applications for the above-identified invention for the benefit of my assignee, and that this appointment does not create an attorney-client relationship between me and these appointees.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: BERNARD RUMMEL

Inventor's Signature: Bernard Rummel

Date: February 13, 2004

Residence Address:

Schriesheim

Citizenship:

Germany

Post Office Address:

Haydnstrasse 13

D-69198 Schriesheim

Germany

Full Name of Inventor: HEINZ WILLUMEIT

Inventor's Signature: _____

Date: _____

Residence Address:

Leimen

Citizenship:

Germany

Post Office Address:

Beintweg 25

69181 Leimen

Germany

Full Name of Inventor: _____

Inventor's Signature: _____

Date: _____

Residence Address: _____

Citizenship: _____

Post Office Address: _____

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Full Name of Inventor: **BERNARD RUMMEL**

Inventor's Signature: _____ Date: _____
Residence Address: Schriesheim
Citizenship: Germany
Post Office Address: Haydnstrasse 13
D-69198 Schriesheim
Germany

Full Name of Inventor: **HEINZ WILLUMET**
Inventor's Signature:  _____ Date: 23.02.03
Residence Address: Leimen
Citizenship: Germany
Post Office Address: Beintweg 25
69181 Leimen
Germany

Full Name of Inventor: _____

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: _____
Post Office Address: _____

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